## **Internship Application**

**Phone:** 

Attention: Due to heightened security and badging requirements at this government facility, it will not be possible to except Non-US citizens at this time. Please accept our apologies.

Personal Information		
First Name:	Last Name:	
US Citizen:		
Date of Birth:	Place of Birth:	
<b>School Information</b>		
School Name:		
Street Address:		
City:	State:	Zip:
Year/Classification:		
Address Information		
Street Address:		
City:	State:	Zip:
Phone:		
Email:		
Permanent Address Inf	formation	
Street Address:		
City:	State:	Zip:

Advisor information									
Academic Advisor's Name:									
Street Address:									
City:	State:	Zip:							
Phone:									
What semester are you consider	dering to interi	n at KSC?							
Is your college program accre	edited by the N	ATA?							
How many years have you be	en involved wit	h your college's Athletic	Training Program?						
What athletic training setting (Choose all that apply)	gs have you par	ticipated in?							
Clinic Professional Corporate	Industrial University/Co High School	llege	Camps Intramural/Club Sports						
Why do you want to become	an Athletic Tra	iner and what is your fa	vorite aspect of Athletic Training?						
How did you hear about the	RehabWorks Iı	nternship Program?							
What are your best personal	attributes?								
Select your top three strength	is in athletic tra	aining:							

Acute Injury Care

Injury

Fitness/Strength Training

Evaluations Knowledge of Rehabilitation

Therapeutic Exercises

Modalities Outreach (presentations, educational

Rehabilitation material design)

Design Leadership Skills Anatomy Emergency Care

Understanding of

Injuries

Chronic Injury Care

Post Surgical Rehabilitation

Administration Tasks (SOAP notes, progress notes,

time management)

## Select your top three weaknesses in athletic training:

Injury Fitness/Strength Training Acute Injury Care
Evaluations Knowledge of Rehabilitation Chronic Injury Care

Therapeutic Exercises Post Surgical Rehabilitation

Modalities Outreach (presentations, educational Administration Tasks (SOAP notes, progress notes,

Rehabilitation material design) time management)

Design Leadership Skills Anatomy Emergency Care

Understanding of

**Injuries** 

At this time in your education, if you were to choose your final professional occupation what would it be:

**ATC** 

PT

PTA

PA

OT

Orthopedic Surgeon

General Practitioner

Paramedic/EMT

Educator

Researcher/Ex Phys.

Other:

## If you were to work as an ATC what employment setting would you desire:

High School

College

Industrial/Corporate

Clinical

**Professional Sports** 

Arts/Dance

Hospital

**Military** 

Other:

## Answer the following questions on a scale of 1-5.

(1=poor, 2=below average, 3=average, 4=above average, 5=excellent)

How do you feel about your skills in evaluating?

1 2 3 4 5

How do you feel about your skills in modality usage?	1	2	3	4	5
How do you feel about your skills in rehabilitation program design?	1	2	3	4	5
How do you feel about your skills in health and wellness?	1	2	3	4	5
How do you feel about your skills in computer use?	1	2	3	4	5

What would you like to obtain most from this internship?

What are your future goals?